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ORIGINAL CONTRIBUTIONS.

Clinical Lectures on Diseases of the Eye. By E. L. HOLMES, M. D., Lecturer on Diseases of the Eye in Rush Medical College, and Surgeon to the Chicago Charitable Eye and Ear Infirmary.

THE ACCOMMODATION OF THE EYE TO DISTINCT VISION AT DIFFERENT DISTANCES.

GENTLEMEN,—Before discussing the anomalies of accommodation, it is well to examine the normal formation of the eye with some principles of optics especially connected with vision.

An eye is said to be normal in formation, when its refracting media possess such a degree of convexity, with a power of accommodation, and with the distances between the retina, lens and cornea such, that the rays of light may be brought to a focus upon the retina from objects at any distance more than five inches from the cornea.

Although the eye may thus adjust its focus for objects within the limits described, distinct perception of these objects depends upon the sensitiveness of the retina, which, like other nervous structures, requires a certain amount of impression to produce sensation. As the nerves of the skin, for instance, fail to perceive slight changes in degrees of heat, or in force of galvanic influence, so the retina fails to perceive objects, either when they are too dimly lighted, or so far away, that the images on

the retina are too small. The most sensitive portion of the skin perceives the contact of the two points of a pair of compasses as two distinct impressions, only when the points are separated from each other more than seven or eight tenths of a line. The retina is vastly more sensitive since it can distinguish two luminous points, as separate objects, when they form images on the retina less than one three-thousandth of an inch apart. It may be here stated, that suitable exercise of the eye upon very minute near objects, or very distant objects, increases the sensitiveness of the retina.

Objects too brilliantly illuminated, or presenting too great contrasts of light and shade, are not easily distinguished, even when the focus of the eye is properly adjusted. As illustrations, may be mentioned the difficulty, if not impossibility, of distinguishing the form of the sun's disk in a partial eclipse; and also the discomfort experienced in looking at objects while facing a bright window.

In proportion as the sensitiveness of the retina or optic nerve is impaired by disease, the eye fails to perceive objects; and yet in some diseases of the nerve, vision is quite good, if the images on the retina are increased in size by placing the objects nearer, or if objects are illuminated more brightly than usual. Many patients with amaurosis of slight degree are thus able to perform quite readily the ordinary duties of life. Such patients often compensate for the abnormal condition of the nervous structure by the use of double convex lenses, which produce larger images on the retina.

There are a few facts regarding the passage of light through convex lenses, which should be noticed in connection with the subject of accommodation. Rays of light, as we have seen, from very distant objects, possess so slight a degree of divergency, that they may be regarded for all practical purposes as parallel. Such rays form images on a screen at a distance behind a lens equal to the radius of its curvature. When distant objects are moved towards the eye, within certain limits, the rays possess so little divergency, that they may still be regarded as parallel, since very distinct images will be produced at the focus of parallel rays.

Hence the images of two objects of suitable size, one placed at seventy and the other at fifty feet from a photographer's camera, are both found to be distinct on the ground glass screen. Hence, also, remote objects at different distances may be seen distinctly with no perceptible effort of the muscles of accommodation.

The rays of light from *near* objects, however, as they are brought nearer the eye, become so rapidly more divergent, that comparatively slight changes of distance require great effort on the part of the adjusting apparatus.

The internal recti muscles perform an important part in connection with the act of accommodation. While in rotating the eyes from one side to the other, each internal rectus acts with the external rectus of the other eye. In accommodating the eyes to near objects, the two internal recti act together, rendering the visual axes convergent, or, in other words, "fixing" the eyes upon one point. These muscles, however, cannot, except in abnormal conditions of the eye, "fix" both eyes upon one point nearer the cornea than five inches. It should be remarked, that the degree of convergence of the visual axes increases so slightly, as very remote objects are brought nearer the eye, that we have scarcely any perception of muscular effort in the internal recti for changes in distance of remote objects; while great muscular effort is required when *near* objects are brought nearer the eye.

As the iris, by the contraction of the pupil in looking at near objects, excludes from the eye the more divergent portion of the rays which fall on the cornea, it can be readily understood, from what has been said above, that the rays which pass through the contracted pupil possess so little divergency, that they form distinct images on the retina, even when the eye (lens) is not accurately adjusted for these objects.

Upon the same principle, a minute aperture in a thin disk of metal, placed in front of the pupil, and as near the cornea as possible, enables us to distinguish objects distinctly with scarcely any aid of the adjusting apparatus. Thus the iris not only regulates the amount of light which enters the eye, but it also serves as a diaphragm in excluding the more divergent rays of light.

The distribution of nerves to the parts of the eye upon which the power of accommodation depends, is quite complex, and not altogether well understood. Upon branches of the fifth pair of nerves depends sensation in these organs of the eye. From the third pair are supplied the nerves of motion in the internal recti and the annular muscular fibres of the iris, and possibly of the ciliary band. From the sympathetic are probably supplied the nerves of motion to the radial fibres of the iris and ciliary muscle.

For further development of these interesting subjects, especially for a description of the manner of measuring and expressing by figures the extent of accommodation, I must refer you in particular to the works of Donders and Jaeger.

The Hot Springs of Arkansas—Location—Character and Products of the Surrounding Country—Medicinal Qualities of the Waters, etc. By R. M. LACKEY, M. D., Asst. Surg. and Brvt. Capt. U. S. Vols.

Having determined upon a visit to the Hot Springs of Arkansas, the mild fair weather of October, and the dry roads, seemed especially favorable for a pleasant and profitable trip, and on the 13th we left this place for the Springs.

The Hot Springs are situated in Hot Springs County, sixty miles in a southwesterly direction from Little Rock. The country between Little Rock and the Springs is hilly and poor, the ground rocky and heavily timbered. Yellow pine, white, black and the Spanish oaks, and the black jack, constitute mainly the large growth, and paw paw, sassafras, dogwood, greenbrier, elder bushes, etc., the undergrowth.

The plantations on the road are scarce, and mostly on the bottom lands, along the larger streams. The small farms on the uplands are nearly all deserted, on account of the war in some cases, and in others, because too poor and unproductive to afford the inhabitants the means of subsistence. The people of this country partake of the character—physically, mentally and morally—that so invariably pertains to the poor whites of

the South. The men are destitute of energy, industry and enterprise. The women, especially, bear the impress of that pathological state induced by the habitual and excessive use of tobacco in some form, bad food and malaria. They may be said to have neither form nor comeliness. Even in the mountainous districts of Arkansas, malarial diseases prevail very generally and in their most obstinate form. And this brings to mind a case of Arkansas surgery, of which I obtained some account. A lady came to a distinguished surgeon with a large abdominal tumor, which he diagnosed as ovarian. An operation for the removal of the tumor was decided upon, but what was the surprise of the surgeon to find, when coming down upon the tumor, that it was nothing more nor less than the woman's *spleen*! The enlarged condition and abnormal situation of the organ was easily accounted for when it was known that she had lived many years on the Washita River, where for people to have ague is the rule, and not to have it the exception.

In the immediate vicinity of Hot Springs the country is mountainous, the highest peaks reaching an altitude of five hundred feet above the valleys. On the southern flank of one of these mountains or ridges, are situated the Hot Springs. There are forty-two principal fountains from which the thermal waters issue; some of them are at the foot of the mountain, and the others scattered over its slope up to the height of one hundred feet above the creek, into which the waters flow from all of the springs. All of the forty-two springs are contained within the space of a few acres, and are so near together in some cases, that each hand may be placed in the water of a different spring at the same time; and what is remarkable in one instance, the waters of two of the springs that are so near together, differ greatly in temperature,—that of one being only one hundred degrees F., while the other, but three or four feet distant, is one hundred and thirty-four degrees F. The temperature of the waters at the fountain heads ranges from one hundred to one hundred and fifty degrees F. One would suppose, however, from dipping the hand into the hottest, that the water was almost at the boiling point, as the hand must be withdrawn instantly; and it surely is "scalding

hot," for the quantity of hog hair seen near one of the springs, demonstrates that the water has been efficaciously used for scalding hogs; and the egg shells to be seen, are evidence that eggs may be cooked.

The steam arising from the water, and the constant escape of carbonic acid gas in bubbles, gives it a close resemblance to boiling water. The quantity of hot water issuing from these springs is immense; and so much water from so many different sources near together, splashing and gurgling down the steep mountain side, is grand and interesting. The creek formed by the water from all the springs is sufficient to afford a fine water-power; but no advantage has been taken of it as yet. The steam arising from the hot waters fills the valley early in the morning like a dense fog.

Hot Springs Ridge, on the side of which the springs are situated, seems to be mainly a mass of Novaculite rock. It is a beautiful white rock, resembling the finest varieties of marble, and is what is commonly known as "Arkansas Whetstone," or "Ouachita Oilstone." In company with Dr. G. W. Lawrence, a resident at the Springs, and to whom we are indebted for many courtesies and much valuable information, we visited a fine quarry, where this rock is taken out and hauled off to be made into whetstones. For surgical instruments and fine-edged tools, its grit is unsurpassed.

This Novaculite rock, which is so abundant throughout the mountainous portions of the State, belongs to the age of the millstone grit, and is composed of almost pure silica, as is shown by the following analysis taken from Owen's "Geological Survey:"

Silica, in 100 parts,	98.00
Alumina, tinged with oxide of iron,	.80
Soda,	.50
Potash,	.60
Traces of lime, magnesia and hydrofluoric acid and moisture,	.10
	<hr/> 100.00

That portion of the side of the mountain over which the

waters flow is covered with calcareous tufa: near the foot of the mountain the accumulation of this tufa forms a high cliff, which, from the slowness of its formation by depositions from the water, must have been long ages in forming.

There is quite a thick growth of dwarfed trees covering the slope of the mountain, and vegetation grows within a very short distance of the hot water,—even in places upon these masses of calcareous tufa, bushes are growing wherever the hot water does not come in direct contact with their roots. The prickly pear, a species of cactus, especially grows quite luxuriantly on the tufaceous formations.

There are no igneous rocks visible within ten miles of the Springs, and the evidences of volcanic action are entirely wanting.

Some of the springs have been named in accordance with the medicinal substances they are reputed to contain in such quantities as to produce a decided effect upon the animal functions of those who use the water freely; and invalids who visit the place in search of health, drink immense quantities of the water with the firm belief that it contains the antidote for all their ills. For example, one is known as the "Arsenic Spring," another as the "Alum Spring;" but, according to any analyses that have yet been made, it does not appear that arsenic or alum are to be found in the waters of these springs, even in the minutest quantities. I give below the analysis of the so-called arsenic spring, taken from Owen's "Geological Survey."

In 1000 grammes of the water, the constituents were as follows:

	Grammes.
Lime,	0.059024
Silicates,	0.045600
Sulphuric acid,	0.019400
Magnesia,	0.007629
Chlorine,	0.002275
Soda,	0.004650
Potash,	0.001560

Not only do the ignorant people—the natives—attribute great medical virtues to the Hot Springs, but some of them believe, it would seem, that the waters of certain of the springs

afford nutriment also; for a colored man, from a plantation near by, informed us, that if we would season the water of a certain spring that he pointed out, it would "taste jis like chicken broff." Sambo's story may have some shadow of truth, but his "chicken broff," I imagine, would be homeopathic in character, and could be appreciated only by the "little pill" doctors.

The waters of the Hot Springs are remarkable for their purity. They contain but very small quantities of mineral substances for spring water, and these consist mainly of silica and carbonate of lime. There is, however, small portions of iron in the water of some of the springs; and there are several chalybeate springs of cold water near by. One of these, "Fairchild's Chalybeate Spring," three miles distant, affords a large amount of water—enough to drive a small mill which had been erected to grind corn. There are sulphur springs also in the neighborhood.

Various theories have been advanced in regard to the cause of the high temperature of these waters. The opinion of Prof. Owen seems to be the most plausible. It is his belief that it is due to the "internal heat of the earth, that the waters are completely permeated by highly-heated vapors and gases which emanate from sources deeper-seated than the water itself."

It is evident, from the analyses of the waters, that their medical virtues are due to their high temperature mainly, if not altogether. All the mineral constituents most abundant are substances that have little or no action upon the animal functions. The large amount of carbonic acid gas contained in the water, it is thought, may produce an exhilarating effect on the system, and being so charged with this gas, invalids are enabled to drink large quantities of it without being nauseated, as is ordinarily the case from drinking large draughts of warm water. The water from the springs, from twenty-five to one hundred feet up the mountain, can be conducted in troughs to tanks above the bath-houses, and baths of any temperature desired can be had; while the water from the lower springs can be retained in tanks under the bath-rooms, so that the advantages of vapor baths may be obtained better than by any means ever

invented or used by the "steam doctors." It is by a judicious system of bathing and steaming, causing a copious diaphoreses and arousing the absorbents, and the eliminative functions of the system, that the curative properties of these waters are to be obtained. The benefit to be derived must, however, be confined mainly to a certain class of disorders.

It is for rheumatic and syphilitic diseases that people mostly resort to these springs; some cases that seem to be purely of a neuralgic nature are, however, promptly relieved. There are probably more old syphilitic cases than any other form of disease that find their way there, and Dr. Lawrence, a very intelligent medical gentleman, who has treated an immense number of these cases, informed us that the judicious use of baths, in conjunction with other treatment indicated, proves very efficacious in old intractable cases of syphilis and rheumatism.

The beneficial results obtained, in many cases, are brought about mainly, I have no doubt, by administering to minds diseased. The scenery about the springs is wild and magnificent, and the springs themselves are certainly among the great natural wonders of this continent; and many who go there are impressed with the belief that anything so wonderful must possess great curative powers. The judicious use of electricity with these baths—constituting the electro-thermal bath—would, in my opinion, render them applicable to a much larger class of cases, and more efficacious.

Previous to the breaking out of the war, there were indifferent accommodations at the springs for seven or eight hundred persons, and we were informed that as many as one thousand visitors had been there at once. The buildings were, however, nearly all burned down about two years ago, and now the boarding and bathing accommodations are scarcely sufficient for one hundred persons. The title to the property, it seems, has not been settled, and there are several claimants. It is to be hoped that the United States will establish its claim to the property, and erect an hospital there for the treatment of the large number of rheumatic soldiers that are always to be found in our army. A recommendation of this kind was made to the

Surgeon General by Lt. Col. Jos. R. Smith, U. S. A., Med. Dir. Dep't of Ark., but was, I believe, disapproved at Washington. It is unfortunate as it is, for the improvement of the place is retarded, which is necessary to make it a beneficial place of resort for invalids, which I believe it is destined to be, despite the hilly, rocky, uninhabitable country to pass over in getting there.

A few miles from the Hot Springs, west, in Montgomery county, are the most extensive mines of rock crystals known on this continent. We procured some specimens of these masses of quartz crystals, that I imagine equal in brilliancy those of the Alps.

We also visited Magnet Cove, ten miles southeast from the springs, where large quantities of magnetic iron ore are found, together with an extensive variety of other minerals. The great quantities of iron pyrites (sulphuret of iron) found in this cove induced the so-called Confederate Government to erect an establishment there for the manufacture of sulphur with which to make gunpowder. We had the privilege of examining the first specimen that was made, which was a mass of tears just as it came from the retort. This was, I believe, the first of this article ever manufactured in the late Southern Confederacy. The quality of the sulphur was fair, and quite a quantity of it had been made and sent off before our army occupied that country.

Owen enumerates about twenty different varieties of minerals which are found in Magnet Cove, within an area of less than two miles. Much of the iron ore has polarity; titanite enters into its composition, and is also disseminated amongst the other minerals of the cove. In some parts of this cove the magnetic needle is strongly affected, and in the lower portions igneous rocks are found—the nearest ones to the Hot Springs.

Arkansas, though not now in a condition of physical, moral and political healthfulness, has vast mineral and other resources which the rapid advancement of the age will soon cause to be developed, and she may yet occupy an enviable position amongst her sister States of the Republic.

U. S. A. Gen'l Hospital, Little Rock, Ark., Nov. 10, 1865.

NEW YORK CORRESPONDENCE.

MESSRS. EDITORS,—Thinking that some fragmentary correspondence from New York may interest your readers, the following is submitted :

The New York Woman's Hospital, at the corner of Madison avenue and 29th st., is a State institution, which was originated with special reference to the treatment of vesico-vaginal fistula while the discoveries of Dr. J. Marion Sims were new in the minds of the people and of the profession.

Dr. Sims gave the hospital its reputation, and the hospital gave Dr. Sims a field for his operations on patients who could not pay for attendance.

In 1862 Dr. Sims went to Paris to practice the new art, and he is now in London, where his old success is said still to attend him.

Upon the departure of Dr. Sims, the hospital came under the charge of Dr. Thomas Addis Emmet, who had been Dr. Sims' assistant, and whose dexterity and success have kept up the reputation of the institution. About fifty cases of vesico-vaginal fistula are operated upon annually, and about a hundred and fifty other cases of diseases and deformities peculiar to women are operated upon with the skill of an expert, and with proportionate success. Dr. Emmet does not claim the success in ovariectomy boasted of by many operators, he having lost just half his cases.

His operation for procidentia uteri, which is a modification of that of Dr. Sims', is claimed to be free from the defects of all previous operations.

The union of two parallel lines permits the uterus to crowd itself into the narrow canal on one side or the other of the longitudinal septum.

The hour-glass vagina, made by causing the union of a transverse belt of denuded surface, was found to be liable to the difficulty of strangulating the neck of the uterus, and of gradually descending to the os externum, pressed down by the weight above.

Dr. Sims adopted the expedient of peeling off the mucous membrane corresponding with two sides of a triangle, of which the apex is at the lower end of the vagina behind, and the base at the upper. The union of these made a pocket behind, into which it was found the uterus would insinuate itself, even in the retroverted position, making it necessary in extreme cases to slit open this septum and restore the vagina to its former state.

Dr. Emmet's modification consists in dissecting off a belt of mucous membrane across the base of this triangle, so that when the denuded surfaces are made to adhere, the pocket behind becomes a perfectly closed sac, the top of which constitutes a floor upon which the uterus may rest without danger of strangulation.

Dr. Emmet employs the interrupted suture with silver wire for all operations about the genital organs, dispensing with clamps, buttons and quills, thinking there should never be more strain than the suture alone will hold.

Besides the indoor patients, about a thousand outdoor patients are prescribed for annually.

Sims' duck-bill speculum is uniformly employed in vaginal examinations, and to steady the uterus a sharp-pointed tenaculum is thrust into any convenient place about the mouth or neck, and so destitute of tactile or painful sensibility is the part, that the patient rarely feels the puncture.

For exploring the interior of the uterus, Simpson's sound is altogether abandoned, and a copper wire, a little larger than a knitting needle, galvanized, and mounted upon a convenient handle, is employed. This is carefully introduced, having a moderate curve, and as soon as it meets resistance, it is withdrawn, and curved between the fingers according to the supposed direction of the cavity, and the withdrawals, bendings and introductions are repeated until the sound has the curvature which will permit its introduction without meeting resistance, the mouth of the uterus being all the time held in one place by the tenaculum.

A conductor for medication, which may be an untempered watch-spring, mounted upon a convenient handle, is then bent

to the same curvature, and wrapped with cotton wool, dipped in a strong tincture of iodine, a solution of chromic acid, of nitrate of silver or other substance, and introduced to the fundus of the uterus. The patient is then required to keep quiet, to avoid the colic which may arise from the sympathy of the intestines with the uterus when the patient is allowed to move about.

Procidentia, with increased weight of the uterus, is treated for the removal of the chronic inflammation before any operation is performed on the vagina.

Dr. Emmet makes the criticism upon the operation for dysmenorrhœa, practiced by Dr. Simpson, of slitting up the lateral parts of the neck, that in the first place, the stricture is higher up, at the vaginal junction with the uterus, and is generally caused by flexure occasioned by the contraction attending unequal distribution of chronic inflammation, with unequal deposition of contractile plastic material. And in the next place, this division permits the anterior and posterior lips to be drawn apart by the traction of the anterior and posterior walls of the vagina in standing, walking and lifting. This keeps up irritation and inflammation, extending higher up, with not only a continuance but an aggravation of the dysmenorrhœa.

Dr. Emmet scarifies and reunites these surfaces, whether they have resulted from accident or design, and thus restores the annular character of the os.

For the reason here explained, his incision, if he makes any, for antelexion, is anterior, and by an instrument introduced concealed, and cutting out as it is withdrawn. After any incision of the uterus, the vagina is plugged, and the woman left in a horizontal position to avoid hemorrhage, of which it is admitted there is great danger.

D. P.

CLINICAL REPORTS.

RUSH MEDICAL COLLEGE DISPENSARY, }
January 3, 1866.

SURGICAL CLINICS BY DR. EDWIN POWELL.

REPORTED BY R. M. LACKEY, M. D.

Tumor on the Left Side of the Neck—Operation for its Removal—Laceration of the External Carotid Artery—Recovery.

Female, aged 30 years, married; is anemic and of nervous temperament. Tumor appeared about a year ago, and has gradually increased in size until it has become as large as the fist, and is quite a deformity. The tumor is partly beneath the sterno-mastoid muscle, and is firmly attached to the structures around it. The patient was placed under the influence of chloroform, and the tumor removed: owing to its firm attachments to the vessels, the external carotid artery was lacerated. A ligature was placed on it, however, and one other vessel, and but little blood was lost during the operation. The tumor proved to be cystic, with very thick walls, and containing a small quantity of thick greenish matter.

Jan. 6th. The patient has had a severe cold and cough, which rendered her condition unfavorable for an operation at the time it was done. There has been some swelling about the throat, which has been troublesome; but the wound looks well, and her condition as favorable as could be expected.

Jan. 10th. The swelling has subsided, and the wound looks well and is healing rapidly.

Jan. 17th. Wound nearly healed. Patient leaves to-day for her home in Minnesota.

January 6, 1866.*CASE I. Stone in the Bladder—Lithotomy by the Lateral Method—A large Phosphatic Calculus Removed—Patient doing well.*

The first case we have to present to-day is one of stone in the bladder. This boy is 16 years of age. He is, as you see, rather small and imperfectly developed for one of his age. Says he has had this disease eight years. He has frequent

and painful micturition; his urine constantly dribbles from him, and when he urinates, the flow is sometimes suddenly stopped, and a change of position is necessary to start it again. This evidence, however conclusive it may seem, should not be relied upon, but resort should be had to sounding. On passing a sound into the bladder, the stone is distinctly felt, and we propose to remove it by the operation of lithotomy.

This operation has undergone many modifications, but the method which has probably been most frequently resorted to is the lateral operation, and is the one we will perform in this case.

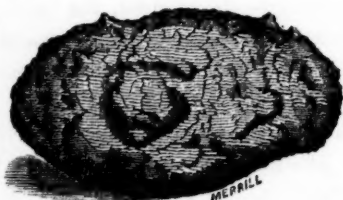
Having first introduced into the bladder a sound, grooved deeply on its convex surface, an incision is made, extending from a point about an inch in front of the anus to the left of the median line, downward and outward, to a point midway between the anus and tuberosity of the ischium. This incision is carried down to the grooved sound in the urethra, then using the sound as a director, with a knife such as I show you, and which is called Sir Astley Cooper's probe-pointed bistoury, the incision is carried down to the prostatic portion of the urethra. I say the incision is to extend down to the prostatic portion of the urethra, for I do not regard it as necessary to incise the prostatic portion; for, unless the stone be of an extraordinary large size, this portion of the passage will be large enough to allow of its extraction. At all events, care must be exercised to avoid cutting entirely through the prostate gland, and that portion of the pelvic fascia which is reflected upon the neck of the bladder, for, should this be done, infiltration of urine among the tissues would probably take place.

A difficult part of the operation is in getting into the bladder. The knife may pass too far back, and getting behind the bladder, wound the structures, which should be avoided. Great care is required, then, to keep the beak of the knife firmly in the groove of the staff until the incision is completed. Having carried the incision to the point mentioned, the staff is withdrawn, and the finger introduced into the bladder, and the stone felt for and removed with a lithotomy forceps. There is sometimes another difficult step in the operation—namely, in getting hold of the stone so as to bring it out. The jaws of the

forceps should be opened wide enough to embrace the largest-sized stone, and with this precaution, the difficulty in question may be avoided.

The patient was then placed under the influence of chloroform and the operation performed.

A cut of the stone is here given. It measures one inch and seven-eighths in its long diameter, and one inch and an eighth in its short, and weighs 383 grains.



Jan. 10th. Patient has suffered some from prostration following this operation, but is doing as well as could be hoped for in a case which has existed so long that the nervous system has become affected, as in this boy.

Jan. 12th. Doing well; wound looks better.

Jan. 15th. Doing well.

January 9, 1866.

CASE II. *Stone in the Bladder—Lithotomy.*

We have to bring before you to-day another case of stone in the bladder. The patient is a child, three years of age, in whom symptoms of the disease were first noticed last August. He has all the rational signs of the disease which were noticed in the case brought before you at our last clinic; and on passing a sound, the stone, though quite small, can be distinctly felt.

Stone in the bladder is most frequent in childhood and old age, but may occur at any period, and, unfortunately, the difficulties of the operation of lithotomy are greater in the very young and the very old than in middle age. The straining which children always do during the operation, even when under the influence of chloroform profoundly, is extremely annoying. On attempting to pass a sound or the staff into this child's bladder, you see how difficult it is on account of the spasmodic contraction of the sphincters, and, indeed, of the spongy portion of the urethra. But you should not be dis-

couraged by this; the presence of the instrument in the urethra will, after a time, cause the spasmodic action to cease, and you may proceed with the operation.

There are several varieties of urinary calculi—namely, uric or lithic acid, phosphate of lime, phosphate of ammonia and magnesia, oxalate of lime, cystic oxide, and the xanthic acid. These constitute the principal varieties. The lithic acid and phosphate of lime are the most common; the first of these may be known by its being of a hard-brown color, inodorous and smooth. The phosphate of lime is of a pale-brown color, quite smooth, and arranged in lamina.

The patient having been placed under the influence of chloroform, the operation was performed, and a phosphatic calculus removed.

Jan. 15th. Patient doing well; wound looks well.

Fistula in Ano, of eight years' standing—Operation.

The next case I have to bring before you to-day is one of fistula in ano. This man has had the disease eight years; it has not affected his general health much, and certainly does not in this case exist in conjunction with pulmonary tuberculosis, as some believe it does in many cases. I almost covet this man's muscular development. Fistula in ano may be complete or incomplete. In the complete, the sinus extends from an external opening near the anus to one in the gut—forming a false passage, through which gas and feces may escape. A sinus may extend from an external opening near the anus some distance alongside the gut, without opening into it, constituting incomplete or blind fistula.

The treatment for this disease is to cut through the sphincters and allow the wound to heal by granulation from the bottom. It is useless for you to attempt to cure these cases by stimulating injections, etc., for you cause your patient equally as great suffering as by the operation, and without curing the disease; and the patient may subsequently come to the city to be operated on when you can just as well do the operation.

You first examine the parts to see if the fistula is complete

or incomplete, and if there are any small sinuses branching out from the main passage. You then pass a director through the sinus into the gut, and bring out the end at the anus, then with a bistoury, slit up the structures on a director. If any small sinuses exist, they should be slit up also. Introduce a piece of lint between the edges of the wound to prevent immediate union, and allow it to heal by granulation from the bottom.

ABSTRACTS AND SELECTED ARTICLES.

ANATOMY AND SURGERY.

Strangulated Hernia treated successfully by Inflation of the Bowels, and shaking the patient while in an inverted position.

Richard Griffin, Esq., in an article in the *British Medical Journal*, reports six cases of strangulated hernia treated successfully by the above method, after the failure of other remedies. The bowels were inflated by means of a bellows, the nozzle of which was introduced into the anus.

In one of the cases reported, the reduction was effected after stercoraceous vomiting had existed for three or four days. But the patient died from the diarrhoea induced by the large amount of drastic purgatives which had been administered. In four of the six cases, the hernia was reduced by inflation of the bowels alone; in the other two, this means failing, shaking the patient while in an inverted position was resorted to with success.

Bromine as an Antidote to Zymotic Poisons—Its Application in the Treatment of Hospital Gangrene, Syphilis and Small-pox.

The above is the title of an article by Dr. E. A. Clark, published in the *St. Louis Medical and Surgical Journal*.

Dr. Clark thinks that the use of bromine in the treatment of hospital gangrene, has developed the fact that it is an antidote to all animal poisons; and that iodine, though similar

in its mode of action, is greatly inferior to bromine in the extent of its effects, especially in its local application. In defining the analogy of these medicines he compares them to the different preparations of bark, "which, in some instances," he says, "may be given in substance with excellent results and meet the indications in the case. Yet who would think of giving bark in substance; or cinchona in a case of pernicious intermittent, in place of quinine." * * * "Then the relative value of bromine and iodine, as therapeutic agents, can only be estimated by the comparative results." * * * * *

"Bromine also exerts an action on the blood in destroying zymotic poisons, which iodine does not possess to the same extent. The greater volatility of bromine also gives it an advantage in application which iodine does not possess, as in instances when the fumes of the medicine are required for disinfectant purposes."

Dr. Clark reports some cases of hospital gangrene successfully treated by him with bromine, and gives directions for its application so that it may prove effectual.

He says further: "In addition to the use of bromine in hospital gangrene, I have also used it as a local application in the treatment of syphilis; my experience with the remedy has not been sufficient, however, to warrant the expression of a positive opinion in its favor, as I have used it in only three cases, one of which was an indurated chancre, to which bromine was applied in substance the first time, and subsequently with the following solution:

R ^x	Bromine,	3ss.
	Bromide of potassium,	3ss.
	Aquae dist.,	3ss. M.

This solution was applied to the chancre once every other day, until four applications were made; during this time, however, the patient had taken mercury to the extent of procuring slight pytalism, which was persevered in until the chancre had quite healed, requiring in all fourteen days." The other cases were soft chancre, to which bromine was applied at the same time that mercury was administered, followed by satisfactory results.

Dr. Clark used bromine, also, in two cases of small-pox with satisfactory results. It did not abort the disease, but modified it. (This agrees with our own observations of the action of this remedy in small-pox.—EDS. JOUR.)

United States Army Surgical Reports.

The Surgeon-General has just published Circular Number Six for the information of the medical officers of the army. The circular comprises reports from Brevet Lieutenant-Colonel George A. Otis, U. S. Volunteers, having charge of the surgical, and Brevet Major J. J. Woodward, U. S. Army, having charge of the medical history of the rebellion. From the surgical report it appears that complete register of the wounded are in course of preparation, in which over eighty-seven thousand cases of wounds, and seventeen thousand surgical operations have been recorded up to September, 1865, the work of registration being still very far from complete. The material collected is enormous, and embraces a mass of facts which on many subjects exceed in number and value all previous observations in this field.

In the late war the monthly reports from a little more than half the regiments in the field, give for the year ending June 30, 1862, an aggregate of 17,496 gun-shot wounds. The report from rather more than three-fourths of the regiments for the year ending June 30, 1863, give a total of 55,974 gun-shot wounds. The battle-field lists of wounded for the years of 1864-65, include over 114,000 names.

The surgical specimens of the Army Medical Museum number 5480, and not only in specimens of recent injuries, but in illustration of reparative progress after injury, of morbid processes, of the results of operations and surgical apparatus and appliances, this institution is richer, numerically at least, than the medico-military museums of France or Great Britain.

The medical staff that served in the late war was composed of a Surgeon-General, one Assistant Surgeon-General and Medical Inspector-General, 16 medical inspectors, 170 surgeons and assistant surgeons of the regular army, 362 volunteer staff surgeons and assistant surgeons, 3000 regimental surgeons and assistant surgeons of volunteers, 2500 acting assistant surgeons, or physicians serving under contract, and six medical store-keepers.

The second report, by Major Woodward, contains an outline of the material collected for the medical branch of the history. It embraces all the information possible with regard to the sickness and mortality of the army during the war, and especially whatever related to the nature and causes of those afflictions which were the chief occasion of death and disability. The mortality from disease alone was forty-eight and seven-tenths per one thousand of mean strength for the first year of the war, and sixty-five and two-tenths for the second. The total number of deaths from disease reported for the first year was 14,183, and 42,010 for the second. These figures do not include those who died while absent as prisoners of war or after having been discharged the service for disability. The number constantly sick was about ten per cent. of the strength. The total number of cases treated by the medical department, including wounds and injuries, was 878,918 during the first year, and 171,183 during the second. The most fatal disease was camp fever, of which there were 213,260 cases, and 19,459 deaths, during the two years. Next come diarrhoea and dysentery, 725,675 cases and 11,560 deaths. The inflammation of the respiratory organs, 304,284 cases and 8090 deaths. Venereal diseases were much less frequent than the experience of other armies would have led us to expect, still eighty-four men in every thousand suffered during the first year, and sixty-five during the second—the total number of cases being over thirty-nine thousand. Twenty-eight thousand six hundred and twenty discharges for disability were reported during the first year, or about nine per cent. of the strength of the army.

It appears that at the medium there were 202 general hospitals, 136,894 beds for patients. During the war over a million were treated in these, of whom but one in twelve died. Dr. Woodward says, never before in the history of the world has the mortality in military hospitals been so small, and never have such establishments so completely escaped from diseases generated within their walls. Complete reports for the first year of the war from troops in the field and in garrison, represent an average strength constantly present during the year of 281,117 men; in hospital constantly present, 9759 men; total, 290,936, among whom were 14,183 deaths from disease. The number of deaths recorded is much less than the real number, as it does not include prisoners of war and other absentees. For the second year in field and garrison, 598,821; in hospital, 45,687; total, 644,508; of whom there were 42,010 deaths from disease. These mortality rates from disease are much smaller than is usual with armies in a time of war, and are much less than those

of the allied armies in the Crimea, of our own army in the Mexican war. The proportion of deaths from disease for the third and fourth years was rather diminished.—*Despatch to Daily Advertiser.*

An Operation for Fistula in Ano Two Hundred Years Ago.

M. LE ROI, in his *Curiosities Historiques*, gives the following interesting account of a "grand operation" performed on Louis XIV. :

On the 18th of November, 1686, Versailles was astounded with the news that Louis XIV. had undergone the "*grand operation*," as it was then called, for *fistula in ano*. An abscess at the margin of the anus of the king had been discovered in February, 1686; a Felix de Tassy, his chief surgeon, at once proposed to open it. But, as Dionis remarks, "the deference to opinion necessary for a cure is not always found among the great." A thousand *infallible* remedies were immediately proposed; and of these, a plaster made by Madame de la Daubiere was selected as preferable to the lancet of the surgeon; and madame herself, as the chronicle tells, assisted in its application. The plaster, however, was removed five days later, having only increased the king's sufferings; and it was at last resolved, on the 23d, that the abscess should be opened. But, contrary to the wishes of Felix, caustic was used for the purpose, instead of the knife. The result was that, when the caustic slough fell off, "the pus ran out of a small hole." Soon afterwards it was discovered that the fistula communicated with the interior of the gut; and an operation for its cure was therefore necessary.

Hereupon the king was again overwhelmed with the promises of infallible curers of *tumors*. Louvois, the minister, however, being in some sense responsible for the life of the king, would not allow any of their remedies to be applied to the king without having them previously tried on others. Thus, for example, the use of the waters of the Bareges having been recommended, and having taken the fancy of the king himself, four persons with fistula were sent to Bareges, under the charge of Gervais, surgeon of La Charite, who had a great reputation in the cure of tumors. They were treated in a variety of ways, internally and externally, with the waters, for a long time; but the result was, says Dionis, that at the end they were no nearer a cure than when they started at Bareges. Next came a court lady, who reported that she had been cured of a fistula at the waters of Bourbon. Consequently four other patients with fistula were sent there, under one of the king's surgeons; but they also

returned uncured. Still Louvois was besieged with promises of a cure; and, not wishing to throw away a chance, had several rooms in his ministerial hotel at Versailles fitted up for the reception of all fistula *in ano* patients who were willing to have remedies tried upon them. The experiments were carried on for a length of time; but all the *infallible* waters, ointments, etc., turned out complete failures.

Of all these proceedings the king was informed by Louvois and Felix, who urged upon him that all attempts to cure the fistula without operation were in vain. Before finally deciding, the king sent for Bessieres, who was then in great repute at Paris; and by him was told that "all the remedies in the world would do nothing without an operation." Thereupon the king determined to undergo the operation. But *what* operation? At that time there lived at Paris one Lemoyne, who had great repute as a curer of fistula. Of him Dionis writes:

"His method consists in the use of a caustic, spread over a little plug, and introduced into the opening; this plug is enlarged day by day, so as to destroy all callosities and sinuses. By this process, and with plenty of patience, he cured many a fistulæ. He died old and rich; and he made the people pay well; and in this he was right, as the public only esteem those things which cost them dear. All patients who dreaded cutting fell into his hands; and, as the number of cowards (*poltrons*) is always great, he never wanted for practice."

The ligature was the plan most in use; but Felix preferred the knife. Felix, therefore, was called upon to describe to the king the entire history of these different remedies. Caustic, he told him, produced continual pain for five or six weeks. The ligature required a long time to cut its way through, and also needed frequent tightening, and so constantly produced pain. The pain of incision was, he admitted, sharper, but then it was only for a moment; and the cure for incision was certain and rapid, and this could not be said of either the caustic or the ligature. Felix's arguments, supported by those of d'Aquin, Fagon, and Bessieres, decided the king for incision. Felix was a bold man; for at that time the operation by the knife was looked upon as a great and terrible affair. But Felix was not an ordinary man. He was the son of the king's surgeon, Felix de Tassy; had been carefully educated by his father, in hopes that he would become his successor; and at an early age was celebrated as a skillful surgeon. In 1676 he, in fact, became first surgeon of the king. But, while experiments of the "curers" were being tried, he read everything which had been written on the subject; and, what is more, operated on all the

patients having fistula *in ano* who were received into the Paris hospitals and into La Charite at Versailles. When, therefore, the king at length resolved upon the operation, Felix had become a master in its performance.

Felix used a modification of Galen's syringotome. It was a very narrow curved knife, terminated by a stylet several inches long. The cutting part of the blade was covered with a silver sheath. This instrument was introduced through the fistula into the rectum and then brought out the anus. The sheath was then gently withdrawn; and the knife, now laid bare, held by the hand and by its stylet end, was at once made to cut its way out. This knife received the name of the *Royal Bistoury*.

The operation was performed on November 18th, 1686. The king had kept his intention a secret. He came to Versailles on the 15th; and on the 17th he rode out publicly on horseback. On the 18th, at five o'clock in the morning, the apothecaries administered a lavement. A little before seven, Louvois brought Madame de Maintenon to the king, who was found engaged with Pere de la Chaise, his confessor. In the Cabinet des Bassans were assembled Felix, d'Aquin, the king's chief physician, Fagon, Bessieres, the four royal apothecaries, and Laraye, Felix's pupil. At seven o'clock they entered the king's room. Louis XIV. made Felix show and explain to him the instrument, etc.; and then with perfect confidence, and most composedly, (as we are assured,) placed himself in Felix's hands. The operation was performed in the manner above indicated; and then, with eight cuts of scissors, Felix removed the callosities which were exposed when the incision was made. Louis bore the operation without a cry or a word. A large plug of charpie, covered with oil and yolk of egg, was then forced into the wound.

Consternation seized all the courtiers when they heard that the king had undergone this *dangerous* operation. For the first few days afterwards, things went on well; but, on December 7th, it was found necessary to destroy the new cicatrix, and to lay bare the fistula to its base. After this second proceeding, the operation succeeded.

Felix was well rewarded. His fee was 50,000 crowns, and the estate of Mouhineaux, estimated at a like value. D'Aquin received 100,000 *livres*; Fagon, 80,000 *livres*; the four apothecaries, each 12,000 *livres*; and the pupil Laraye (who was not forgotten), 400 *pistoles*—the sum paid amounting altogether to about £40,000! Felix's practice now naturally became very large; for, as Dionis says:

"Fistula *in ano* has become a fashionable disease since the

operation was practiced on the king. Those who had before, through shame, concealed the disease, now made it public; and many went to Versailles to undergo the operation, because they knew that the king made inquiries about all operations of the kind. Some even, who had simply hæmorrhoids, or a slight discharge, were angry when they were told there was no necessity for an operation."

"Such," says M. Le Roi, "is the history of the operation performed on Louis XIV. Thanks to the happy initiative of Felix, the method of operating by incision was again brought into honour, and has since been generally adopted. A man, indeed, may now-a-days successfully practise the operation without being first surgeon of the king—so simple has the operation become."—*Brit. Med. Journ.*, Sept. 23, 1865.

PRACTICE OF MEDICINE AND PATHOLOGY.

Cholera—Is it Transmissible?

Every physician must feel the importance of this question, particularly at a time when the authorities of every port along our wide seaboard are called upon to take decided action in the matter of quarantine, and naturally look to our profession for advice. Unfortunately, it is a question concerning which opinions widely differ. The majority of physicians in New England, perhaps, believe that it is not contagious, but mostly, so far as we know, on evidence of a negative character. Dr. Snow, the Superintendent of Health in Providence, in a recent tract for the people, says that it would be a "work of supererogation" to attempt to prove that it is not contagious, and that no person of intelligence can believe otherwise. The evidence he offers is also wholly of a negative character. As may be supposed, he considers quarantine wholly unnecessary, and assumes that the medical faculty of Paris have the same faith. With no evidence of our own to offer, we shall again present to our readers the views of those who have had fresh opportunity of observation, and it will be seen how strong is the belief which prevails among those who are now witnesses of its ravages in its contagious nature. Indeed, not a dissenting voice is raised to such opinions as these which follow in the discussions at the medical societies, which fill the pages of foreign journals.

At the session of the Académie des Sciences, Nov. 6th, M. Velpeau read a paper of some length on the subject of the cure of cholera. He believes the disease is contagious, and states

"that all observations made upon the appearance of cholera in those places where it is not epidemic—for example, in Western Europe—seem to me to prove, almost to a certainty, that cholera is contagious."

The following extract is translated from the *Archives Generales* of November. It is a portion of a memoir presented to the Academie de Medecine by M. Jules Worms, Medecin en chef de l'hospital militaire du Gros-caillou.

"There is a special agent produced upon the banks of the Ganges, and under circumstances but little understood, which is poisonous to many persons.

"This agent manifests itself among persons living or traveling together, but always presents an uninterrupted chain.

"The cholera is a disease transmissible by men.

"This agent manifests its influence upon certain individuals of the human species (probably, also, upon certain kinds of animals,) by effects more or less grave.

"The proportion of persons who are affected by this agent can only be approximately estimated, and is always very small. The human organization may become a fertile soil for the multiplication of this agent, as soon as it shows its poisonous effects.

"The multiplication of this agent takes place particularly in the digestive canal.

"The alvine and gastric discharges of patients affected with cholera contain the effective agent in transmission.

"This efficacy does not coincide with the escape of the discharges. It is subsequent to them by several days.

"It appears to be destroyed after a space of from fifteen days to three weeks.

"The corpses of cholera patients emit the poisonous agent in a much higher degree than the sick.

"Persons affected only with cholerine emit with their dejections an agent capable of producing true cholera about them.

"The greater or less density of the sun's rays to which these dejections are exposed diminishes or favors the propagation of the disease.

"The circumstances which, besides the individual receptivity, the conditions of which are entirely unknown, favor the effectual reception of the toxical agent, are the gastro-intestinal affections, depressing affections of the nervous system, errors of diet, excesses, and all things which diminish the organic energy necessary for the elimination of the poisonous agent.

"Its energy is in proportion to its concentration, and this to the importance of the foci.

"The radius of effectual action of this agent is very limited.

Its diffusion in the atmosphere diminishes and annuls its effects.

"The practical indications which flow from these conclusions are as follows:

"The establishment of certain measures with regard to healthy persons and objects coming from infected places.

"The state of science ought to convince us that healthy persons and objects which have not been used by the sick are little adapted to bear the poisonous agent. This, to be efficacious, must be produced in quantity, (as this only happens among the sick, and is fixed upon objects which have received their dejections.)

"Very rigid measures with regard to sick persons arriving from an infected country, by isolating the sick and by the disinfection or destruction of their dejections, the disinfection of places occupied by them. The measures applied with care in other countries have produced unlooked-for results.

"Well-regulated sanitary inspection. An appeal to all the physicians of the country to announce to the authorities the first cases of the disease, and to apply to the first patients and their dejections the preceding rules.

"The necessity of not leaving in the houses, but of transporting to special places, the dead bodies.

"Isolation of the sick.

"Never to forget that even in a pronounced and extended epidemic the barriers opposed to the radiation of every case of cholera in particular, may prevent numerous misfortunes.

"To remember the facts which have been observed of the recrudescence of epidemics in the spring after being quieted by frost, and to take measures to escape the possible subsequent ravages."

The following extracts are translated from the memoir communicated by M. Grimaud to the Academie des Sciences, entitled "*Etudes sur la Cholera faites a Marseille en Septembre et Octobre, 1865:*"

"*Origin of the Epidemic.*—Sunday, June 11th, at half-past two, the *Stella*, Capt. Regnier, entered the port Napoleon. The ship had left Alexandria the first of June with 97 passengers, of whom 67 were Algerian pilgrims. She brought the first news of the existence of cholera at Alexandria. On the evening of the same day, June 11th, the *Bizantine* arrived with 55 passengers, having left Alexandria, June 8d, and touched at Malta. On the 15th, the *Syria*, with the English mail and 320 passengers, and on the 16th the *Said*, with 190 passengers.

"Between the 11th and 16th of June, then, 562 persons

arrived at Marseilles from Alexandria, where the epidemic was in the ascendant at the time of their departure. What has become of those 562 persons? They are scattered, but if one could call them by name, the tomb would reply for more than one of them.

"But I have been able to follow, step by step, from the time of their arrival at Fort St. Jean to their departure, the destiny of the 67 pilgrims. The ship left Alexandria the first of June, bearing 67 pilgrims from Mecca. Eight days after its departure, June 9th, there were thrown into the sea two of this number, and two days after this, on the 11th, the 65 remaining disembarked, of whom Ben Kaddour succumbed on landing.

"These pilgrims came from Mecca via Djeddah and Suez. From May 20th to June 22d, nearly 20,000, *all more or less infected*, passed Suez, according to the report of the chief physician at the Ismuth, in order to embark at Alexandria for Europe or elsewhere. Between May 20th and June 22d, several thousand of them encamped at Alexandria, near the canal of the Madmoudieh. * * * * *

"The population of Suez, Alexandria, Marseilles, etc., were healthy, when some pilgrims from Mecca, embarked at Djeddah, came in contact with them, and the cholera, which was at Djeddah, declared itself among them. It was at Djeddah when the Marseilles pilgrims left there. Some of them died during the passage; we know three of them—the two who succumbed a couple of days before arriving at Marseilles, and the third who died on touching shore. The cholera travelled with them; they bore it.

"The Arabs left Fort Saint Jean to re-embark. A crowd of the curious of that populous quarter mixed itself with the pilgrims, surrounded them and assisted them in loading their baggage outside the Fort. It accompanied them along the bridge overlooking that old part of the city. Here it was that the first cases of cholera showed themselves. They were rare at first, and their character misunderstood or concealed. The physicians said, 'let us say nothing about it; it is not necessary to frighten the people.' But the cholera did not remain confined to the quarter where it first appeared; on the 22d of June a frightful case was reported by Dr. Forcade in rue de Rome. Thus it is that the cholera has for the sixth time been introduced and developed in Marseilles.

"*Facts of Contagion.*—I have said that the disease leaves its principle in baggage. I mention no doubtful facts. Here is one of many others:

"Near Sait-Jean-du-Desert, at Saint-Pierre, not far from Marseilles, in an isolated place, a peasant died of cholera; his

wife also died. He had not left the country, 'but,' says Dr. Dussiler, 'his wife was a laundress, and had received a bundle of linen belonging to an individual recently arrived from Egypt. It was the husband who opened the bundle and unfolded all the pieces.'

"Still another: The postal department of Marseilles numbers 120 persons, of whom 75 to 80 are clerks; 22 are employed at the bureau of departure and 9 at the bureau of arrival. There has not been a single death, or even a case of sickness at the former bureau, while of the latter nine employees eight have been sick and one has died. These eight have been taken sick one after the other; this has been proved of the first five. The one who opened the despatches from the East fell sick, was '*cholérise*,' was the expression used. Another was put in his place—the same effect, and so on up to the fifth.

"Now all is explained; there is no longer any mystery in the march of the pestilence. The cholera travels with men and with things. Where man and his effects do not travel, there the malady does not show itself. The 562 travelers of the Stella, Byzantine, Syria and Said, with their correspondence and effects, disembarked at Marseilles from the 11th to the 16th of June, are scattered in Europe, and wherever they have settled they have sown the seed of cholera. This seed has germinated wherever it has found a soil prepared for its reception, that is to say, constitutions predisposed by feebleness derived from previous illness, from intemperance, or from the non-observance of the laws of public and private hygiene."—*Boston Medical and Surgical Journal*.

MATERIA MEDICA AND THERAPEUTICS.

The Hypophosphites—Their Therapeutic Value.

Under this title, Dr. Ira D. Brown, of Albany, N. Y., contributes to the *Boston Medical and Surgical Journal*, (Dec. 21, 1865,) an interesting paper. After stating the proposition of Dr. Churchill, relative to the importance of phosphorus in the system, Dr. Brown relates a number of cases which exhibited the beneficial effects of the hypophosphites. Used in solution, (calc. hypophos., sod. hypophos. $\text{aa } 3ij$; aquae Oj. M. A tablespoonful to be taken thrice daily,) the effects consisted in an improvement of the digestion, and relief of those nervous dis-

orders which are the consequence of imperfect nutrition. The remedy should be continued for six weeks or two months. Great care should be observed in the selection of the drug, as many worthless imitations are put upon the market.

Few remedies have an *a priori* reputation so good as these preparations, and experience in their use will not disappoint expectations. The acknowledged importance of phosphorus as a constituent of the nervous tissue has rendered desirable an efficient means for its introduction into the system suffering for want of the element. The researches of the physiological chemist proposed the combination in question, simple, unirritating, easy of assimilation, and positively nutritive in quality. Their worth has been thoroughly tested, and may now be considered to be as completely established as that of cod liver oil or quinine. If their properties are accurately propounded, they will be used with intelligence; and, though affording no universal panacea for the ills to which flesh is heir, will prove to be an invaluable addition to the means of restoring nervous tissues.

MISCELLANEOUS.

A Remarkable Case of Double Monstrosity in an Adult.

The following is an account of a very remarkable monstrosity in an adult who has lately arrived in this country. He presented himself at our office, and we have requested Mr. Ernest Hart, of St. Mary's Hospital, to carefully examine the parts. He reports as follows:

Jean Battista dos Santos, native of Faro in Portugal, is nineteen years of age, about five feet seven inches in height, well nourished, and symmetrically formed, with the important exception of the singular monstrosity here to be described. He is bronzed in tint, of intelligent expression, and well featured. When dressed in ordinary costume, he has all the activity and general appearance of any other well grown lad, concealing with complete success the supernumerary appendages which he bears.

He possesses two complete and well-formed penes, placed side by side, and a large central third leg and foot. Each penis

is in itself complete in its general anatomical characters. They are placed laterally, each about an inch from the median line of the pubes. They are of more than average dimensions, each measuring $4\frac{1}{2}$ while pendant. The prepuce is retracted. The latter is $4\frac{1}{2}$ inches in circumference; the right somewhat smaller, $3\frac{3}{4}$ inches. When the bladder acts, it expels its contents through both penes at the same moment. Under excitement, both become simultaneously erect; and other functions are performed by the two simultaneously. On the outer side of each is attached a fully-developed scrotum and testis. Between them hangs a shrunken scrotum, which contained two testes until he was ten years old, when, as he says, they ascended into the abdomen. He refuses to have bougies passed, so that it cannot be ascertained where the urethral passages communicate, and how they pass into the bladder, or whether this is normal in structure. He describes himself as possessing considerable virile power. It is difficult to say how the crura of the penes are attached internally, and on this subject it might be premature to hazard an opinion.

The third limb is of complex character, and presents some remarkable peculiarities. It exhibits marked evidences of the abortive effect at the production of twins, which is the key to the study of this singular monstrosity. At the first sight it seems to consist roughly of a large thigh, with an abortive leg, dislocated and bent up in front of it, and a misshapen foot, also dislocated.

Thus, to begin with the foot, it will be seen that it is really a coalescence of two feet, more or less perfect. The central toe is a consolidation of two great toes; on the right are the four toes of that foot, tolerably perfect; on the left are four toes, irregular in development, the second dwarfed to a tubercle, the third clubbed and bifid, the fourth and fifth tolerably regular. The tarsus and the metatarsus are fairly developed in double; and on each border may be seen the projecting parts of the fifth metatarsal bones. The projections at the junction of the foot with the leg, which might fairly be mistaken each for an astragalus, are, in fact, the double projecting ends of a bifid tibia. On examining the plantar aspect of the foot, a double heel is very clearly made out. It is remarkable that the terminal part of the foot is devoid of ordinary sensation; but he does not complain of its ever feeling cold or causing him pain. The foot is dislocated. The breadth of the foot at its terminal extremity is 7 in.; in the middle $6\frac{1}{2}$ in.; its length on the dorsum 4 in.; its length on the sole 5 inches.

The leg is, as already stated, dislocated and fixed anteriorly on the thigh; while its extremities project over the dorsum of

the foot. The fibula could not be made out. The tibia is *bifurcated* at its lower extremity, and terminates in two prominent masses with distinct though rounded malleoli. The skin is all partially sensitive. The only movement which can be given to other parts of the limb is that of partial extension, soon checked both by its displacement and by the fold of skin which connects it with the anterior aspect of what represents the thigh. The length of the leg is $7\frac{1}{2}$ in.; around the lower expanded and bifurcated end it measures 9 in.; at the part where the tibia bifurcates 5 inches.

The thigh, or what represents it, is fleshy and somewhat pyramidal in shape; seen from the front, and in its usual position, it looks much like an ordinary thigh centrally situated between the two legs, and running upwards and backwards. It is freely movable. On being more nearly examined, it is seen to be attached to a third bone. This articulates, by a joint having very free motion, to the arch of the pubes. Seen posteriorly, it is observed to terminate above and behind by a thick clubbed projecting extremity of which the greater part is free and projects backward. The skin over the upper free part of the back of the bone is marked by a deep depression or puckered cul-de-sac, upwards of an inch deep, of which the significance is open to various interpretations. The thigh measures 9 in. round below, and 17 in. above, at its thickest part. Here it is flattened from side to side; and there is a considerable mass of what is probably fat and muscular tissue. There is, however, no power of voluntary movement in this or in any part of the limb.

The bone by which the direct attachment to the pelvis is effected is very short—about three inches in length. Its existence may easily be overlooked, for in front the skin passes continuously upwards from the thigh over it without any fold or marking. Its presence or mode of attachment are determined by grasping the limb firmly by its perineal attachment, and moving the thigh upon this upper piece. There is so much skin, fat, and cellular tissue around this short bony piece, that it is difficult to determine its precise shape; but it will be seen to be irregularly curved and concave backwards. At its pubic attachment it moves freely; below the limb moves on it by a hinge-joint. From the free movement at the pubic articulation, the limb can at will be twisted round and made to project posteriorly, so that it is not all seen in front, and does not project there.

What is the pathological significance of this bone? During life it would be difficult to decide with certainty. It is not

probably a pelvic bone, misshapen and centrally attached—the osteal congener of the true penis? On examining the perineum posteriorly it will be observed that there is a tendency in the skin running down over the central limb to assume the characters of a double perineum. The true anal aperture is deviated by about an inch from the median line; and the puckered cul-de-sac in the skin over the clubbed and enlarged upper posterior extremity of the thigh is suggestive of an abortive second anus. Then is this mass of bone only the upper end of a femur, with the trochanters excessively developed? or does it contain other abortive osteal elements?

There are suggestions which cannot probably be converted into certainties of one sort or the other during the life of the young man. On the other hand, he remembers to have been told that when he was a year old the third limb projected more stiffly than it does now, and a Portuguese chemist, officiating as surgeon, broke the limb at some part, so as to make it less cumbersome. He believes that it was at the juncture of the lower leg to the thigh that this was affected, and that the leg was then bent upward and forward in the position in which it now is. Examination renders this probable, since it is certainly dislocated into an unnatural position, and has only a false joint. But it is possible that at this time the neck of the thigh-bone was broken away from the body, and that the upper bone is that neck remaining attached to the arch of the pubes by a ball-and-socket joint, and making a false joint with the body of the bone.

However this may be, there is ample evidence from the examination of the whole limb to show that it is an abortive effort at a double extremity, which explains the presence of a double penis by the suggestion of an attempt at twins. So that this is, in fact, a case of a man having attached to him the lower limbs and penis of a partly-developed twin. What is particularly remarkable is the perfectly co-equal development of the two penes and testes, and their completely equal adaptation to the general functions of the individual organism of their bearer. It is true that the right penis is somewhat smaller in circumference than the left, but he states that they were originally of the same size. He habitually uses the left in sexual intercourse.

Of course it was a matter of interest to determine whether any family history of hereditariness or any tendency to twins could be detected. In reply to interrogation on these points he stated that his father and mother were both healthy and well-formed, and he believes that there was no example of malformation of their blood relatives. His father is alive. His

mother died from phthisis. He has four brothers and two sisters, all well formed and without any peculiarity of shape. His mother was not conscious of any fright during pregnancy, nor of any "maternal impression." None of his brothers or sisters are twins. He himself has always been healthy. He is very active, runs very swiftly, and is a good horseman. He usually disposes of his third limb by strapping it with webbing in the right leg of his drawers to the side and front of the right thigh. As he walks when dressed no external deformity is observable.—*London Lancet*, Jan., 1866.

Literary Men and Doctors.

It is pleasant to record the fact that nearly every literary man and woman with whom I have been acquainted, or whose lives I have looked into, has found a generous and disinterested friend in a doctor. I could, of my own knowledge, tell many anecdotes of the sacrifices made to mercy by members of the profession; of continuous labors without the thought of recompense; of anxious days and nights by sick and dying beds, without the remotest idea of "fees." I may tell one of a doctor, now himself gone home; it was related to me by Sir James Eyre, M. D. Unfortunately I have forgotten the name of the good physician, but there are, no doubt, many to whom the story will apply. Sir James called upon him one morning, when his career was but commencing, and saw his waiting-room thronged with patients. "Why," said he, "you must be getting on famously." "Well, I suppose I am," was the answer; "but let me tell this fact to *you*. This morning I have seen eight patients; six of them gave me nothing, the seventh gave me a guinea, which I have just given to the eighth." Such a Physician Providence sent to Thomas Hood.—*S. C. Hall's Biography of T. Hood*.

Aneurism of the Sciatic Artery Treated by Injections of Perchlorure de Fer.

M. Nelaton treated some time since an aneurism of the terminal portion of the sciatic artery, projecting from the buttock, by injections of the *perchlorure de fer*. The case was the most interesting as the patient had formerly had an aneurism in the same region, for which the artery had been tied above the tumor. After a single injection the pulsation had entirely disappeared, the tumor gradually diminished, no inflammation followed, and at the end of a month the patient was perfectly well.—*Gazette Medicale*, Montreal, from *Gaz. des Hopitaux*.

Human Deterioration.

There is a tendency perhaps in city life to diminish the size of the human form (increasing, however, the fineness of fibre and improving the *quality*), but there is no foundation for the very common belief that man has deteriorated from earlier age. The *Scottish Guardian* says: "It is a very common opinion that in the early ages of the world men in general possessed superior physical proportions, and were of a greater size than they are at present, and this notion of diminished stature and strength seems to have been just as prevalent in ancient times as at the present. Pliny observes of the human height, that 'the whole race of mankind is daily becoming smaller,'—an alarming prospect if it had been true. Homer more than once makes a very disparaging comparison between his own degenerated cotemporaries and the heroes of the Trojan war. But all the facts of the circumstances which can be brought forward on this subject tend to convince us that the human form has not degenerated, and that men of the present age are of the same stature as in the beginning of the world. In the first place, though we read both in sacred and profane history of giants, yet they were, at the time when they lived, esteemed as wonders, and far above the ordinary proportions of mankind. All the remains of the human body (as bones, and particularly the teeth) which have been found unchanged in the most ancient urns and burial-places, demonstrate this point clearly. The oldest coffin is in the great pyramid of Egypt, and M. Greaves observes that this sarcophagus hardly exceeds the size of ordinary coffins, being scarcely six feet and a half long. From looking also at the height of mummies which have been brought to this country, we must conclude that those who inhabited Egypt two or three thousand years ago were not superior in size to the present inhabitants of that country. Lastly, all the facts which we can collect from ancient works of art, from armor, as helmets and breastplates, or from buildings designed for the abode and accommodation of men, concur in strengthening the proof against the decay of nature. That man is not degenerated in stature in consequence of the effects of civilization is clear, because the inhabitants of savage countries, as the natives of America, Africa, Australia, or the South Sea Islands, do not exceed us in size."

Ventilation of Sewers.

M. Robinet, a French chemist, has devised a means of freeing the sewers from the effluvia which escape in the attempt to ventilate them. He proposes that the furnaces of factories shall

derive their supply of air from the sewers. The gases will be destroyed by combustion, fresh air from the atmosphere supplying their place. He calculates that if the combustion of only 70,000 tons of coal can thus be economized annually in Paris, or only a tenth part of what is burned there, the sewers will be supplied with about 140,000,000 cubic feet of fresh air—that is, more than seven times their contents—daily. He would apply the same principle to the ventilation of cesspools, etc. It has been partially in use already, on the small scale.—*Scientific Review*.

Trichinæ.

Prof. Virchow, in his *Essay on Trichinæ*, says, that the most careful cooking is required to destroy the trichinæ in fresh meat; that salt has a very destructive effect on the parasites; and that ten days salting will effectually destroy them. Hams, sausages, etc., should not be eaten fresh; but should be kept a long time before being used.—*Brit. Med. Journ.*, July 22, 1865.

Regeneration of Bone.

In a biographical sketch of Prof. J. R. Wood, of New York, Dr. Francis states that "Dr. Wood has reproduced almost every bone in the body by treating with profound respect the periosteum. His museum contains all the experiments on the human patient that were practiced on birds and quadrupeds by Duhamel and Flourens."

Lemon Juice for Cancer.

It is said, on the authority of a Dr. Brandini, that lemon juice, or a solution of citric acid, relieves the pain of a cancer, when applied to the sore as a lotion. The discovery was made accidentally, and the value of the application was confirmed by repeated experiments.

EDITORIAL.

VALEDICTORY.

With the present number we transfer the editorial and business management of the JOURNAL to other hands. That the past two years have been years of unusual difficulty for medical periodicals, is sufficiently indicated by the number that have been discontinued during this time; yet we have never had occasion for discouragement or complaint. In this period our subscription list has received a constant and healthful increase, while our patrons have met their pecuniary obligations so promptly and universally as to obviate every trouble of this nature. True, there are some exceptions to this praiseworthy conduct, but they are less numerous than we had reason to expect. The only embarrassment we have experienced has come from lack of time to give to the pages of the JOURNAL the labor that justice to our subscribers demanded; and year by year this difficulty is increased by the press of duties from which we cannot escape. This consideration has induced us to place the JOURNAL in charge of those who will give it all the attention it requires. In an editorial and business intercourse of a number of years with its readers, scarcely a circumstance has occurred of an unpleasant nature, which allows the mind to dwell with satisfaction upon this period of our labor. From our correspondence, we feel personally acquainted with many whom we have never met. We can only express our thanks to those who have aided us in our work, and favored our readers by scientific contributions to the pages of the JOURNAL, and to bespeak for those who assume our duties the same kindness and forbearance that we have received.

EX-EDITORS.

SALUTATORY.

In assuming the relation in which we now come before the readers of the JOURNAL, we involuntarily glance over the twenty-two volumes, which remain as evidence of the fidelity and successful efforts of those who have preceded us.

And as we follow through the names of those who have been so intimately identified for so many years with the interests of our profession in the Northwest, who have written and taught so faithfully, that their influence is felt and honored by thousands of our co-laborers in the practice of medicine, we cannot but feel some misgiving in attempting to carry forward the work which has now been transmitted to us.

We can only assure our friends that we will devote our best efforts to maintain the JOURNAL in the position it has so long occupied; but must earnestly ask such aid as the profession can give us.

There are probably not four complete files of the JOURNAL now in existence. Comparatively few physicians in this city or in the country are acquainted with its history. A few facts connected with its origin and growth, therefore, may not be uninteresting to many of our readers.

The first number was published in April, 1844, under the title of "The Illinois Medical and Surgical Journal," J. V. Z. Blaney, M. D., Professor of Chemistry in Rush Medical College, being editor. The JOURNAL was continued two years as a monthly, containing but sixteen pages.

In April, 1846, under the direction of Professors Blaney, Brainard, Herrick and Evans, the title was changed to "The Illinois and Indiana Medical and Surgical Journal." It contained ninety-six pages, and was issued for two years simultaneously, once in two months, at Chicago and Indianapolis.

In 1848 a "new series" was commenced as "The Northwestern Medical and Surgical Journal," published in Chicago, and was continued as a bi-monthly of ninety-six pages for four years—under the charge, first of Professors Herrick and Evans, then of Prof. Herrick and Dr. E. G. Meek, and finally of Prof. Evans alone.

For the following five years the JOURNAL was published monthly, first under the direction of Professors Herrick and Johnson, subsequently of Professors Davis and Johnson, and finally of Prof. Davis.

At the end of volume fourteen, (1857,) we find the following statement in the editorial: "The present title was chosen,

when Chicago was really close to the Northwestern border of our magnificent Union; but at present it would be much more applicable to a journal published in Oregon or Washington territory. Hence, the January number will be issued under the title of "The Chicago Medical Journal."

Since 1858 the JOURNAL, under this title, has been edited, for different periods, by Drs. Davis, Byford, Brainard, Dyas, Powell, Miller and Ingals.

The editorials of these twenty-two volumes present no insignificant history of the development of our profession, not only in the Northwest, but throughout our whole country. They convince us that our medical journals are the medium through which most members of the profession usually become acquainted with the existence and reputed value of new publications in the different branches of medical science; that they record the most important facts connected with our social and educational interests, and with the growth of our colleges, hospitals and associations.

We are consequently not among those who think lightly of the good which is accomplished by the medical journals of this country. Like the results of all human labor, they are undoubtedly imperfect, and yet it would be difficult to imagine the position of the medical profession if they should all cease to exist.

It will be our aim, therefore, to secure for our readers original papers on important medical subjects; to present valuable selections from foreign journals, and from our large list of American medical periodicals; to obtain reports of interesting cases, observed in the hospitals, infirmaries and dispensaries of Chicago, and to call the attention of the profession to new and valuable works in the various departments of medical science.

While it will be our chief object to aid in promoting the best interests of the profession in the culture of true science, we shall also endeavor to publish such intelligence, not strictly scientific, as may be of particular interest to the practising physicians of the Northwest.

We shall be under obligations to those friends, either in the city or country, who will favor us with such original articles as may aid us in rendering the JOURNAL acceptable to our readers.

BOOK NOTICES.

The Practice of Medicine and Surgery Applied to the Diseases and Accidents Incident to Women. By W. H. BYFORD, A. M., M. D., author of "A Treatise on the Chronic Inflammations and Displacements of the Unimpregnated Uterus," and Prof. of Obstetrics and Diseases of Women and Children in the Chicago Medical College. Philadelphia: Lindsay & Blackiston. 1865.

The very favorable manner in which this work has been received by the medical press, must be regarded as highly flattering to the author. Prof. Byford has long been known as a teacher, and as a practitioner of much experience in the particular branch to which he has devoted the best energies of his life. This work has extended the reputation of its author far beyond the immediate sphere of his labors.

Woman, not only from her peculiar organization, but also from the habits, which society imposes upon her almost in spite of herself, is too often the victim of severe and almost lifelong suffering. To mitigate this suffering as far as possible, should be the earnest aim of every physician. This volume, we believe, is the latest work on diseases of women published, either in Europe or America. Its high order of merit commends it to the special notice of all practitioners.

Rhinoscopy and Laryngoscopy. By Dr. FRIEDERICH SEM-
ELEDER, Physician in Ordinary to His Majesty the Emperor
of Mexico, Member of the Royal Medical Society of Vienna,
and of the Medical Society of the Pantheon in Paris, etc., etc.
Translated from the German by EDWARD T. CASWELL, M. D.
New York: William Wood & Co, 61 Walker st.

This is an elegant little volume which reflects credit upon author, translator and publisher. The two monographs which it contains present a valuable summary of the knowledge which has been obtained by the most patient observation with the rhinoscopic and laryngoscopic mirror. The difficulties which oppose investigation by these methods are fully set forth, and the positive results which are attainable are not presented in such a way as to dazzle and to mislead the student. The author

does not hesitate to confess that laryngoscopic pathology and surgery are as yet very incomplete; and in many instances, with the tranquility of a true philosopher, he awaits the further multiplication of observations before announcing any conclusion, or committing himself to any hasty generalization.

The examination by the aid of reflected light of cavities into which, before the days of Czermak, the eye could not penetrate, marks a long step in advance towards that degree of accuracy in diagnosis which is the aim of every scientific observer. Nor can it be urged that the laryngoscope, like the ophthalmoscope, too often assists only in diagnosis without aiding therapeutical effort. The cases recorded on the pages of this work afford a sufficient refutation of such an objection. Aside from the chance for pathological study which are thus discovered, it is no small thing to be able to investigate the condition of living mucous tissue in parts so far removed from ordinary observation. The demonstrations of the dissecting room cannot compare with the exhibitions which are thus made of organs and tissues through which the current of life is flowing. On physiological grounds alone, then, the mirror of Czermak every day introduces us to fields of study as interesting as that once afforded by the fistula of Alexis St. Martin.

We copy the following history from Dr. Semeleder's pages:

A lady (her age I did not ask), a governess, came to me last autumn to be examined and to ask my advice. She had suffered for five years from complete aphonia, which had been gradually developed. On a careful examination, I discovered three formations of various sizes. The largest of these was spherical and was seated in the vicinity of the left vocal chord; a second, smaller and club-shaped, projected from the anterior angle of the glottis, and lay with its free extremity upon the first; the third and smallest protruded from the anterior surface of the right arytenoid cartilage, at about the level of the vocal chord, and extended into the latter structure.*

I stated to her that I was inclined to operate; that I could not insure success, so far as the restoration of the voice was concerned; but that by the operation, even as regarded the voice, nothing was to be lost, since she was already voiceless, a

* For convenience of reference these will be designated respectively as Nos. 1, 2 and 3. (Tr.)

circumstance sufficiently unfortunate for a governess. To my amazement, I must confess, there was no dyspnœa, not even an abnormal murmur to be heard on auscultation.

The formation had at first, from its pale, reddish-yellow color, from its dim lustre, and from its uneven raspberry-like surface, led me to regard it as an enchondromatous or a fibroid tumor, but as I studied it more carefully with reference to a future operation, I found by the aid of the sound that it had something of the consistency of flesh, and, finally, I concluded that it must be composed of areolar tissue. The largest of the tumors proceeded, as I have said, from the left side of the ventricle of the larynx, and covered the left vocal chord in such a manner that only a small portion of the chord could be seen; this fragment seemed to have a normal appearance. The anterior extremity of the left vocal chord was covered by the polyp No. 2. As the patient was so sensitive under the examination, I could not determine whether the polyp No. 1 lay free upon the left vocal chord, or whether it was intimately connected with it. When the glottis was closed all three of the polypi were shoved over each other. Thus much, however, I could observe: By the attempt to utter sounds, the polyp No. 1 was rolled up around its broad basis, so that it would then lie upon the right vocal chord, and would be wedged in between the ventricular and the vocal chords of both sides. The polypi Nos. 2 and 3 proved to be quite freely moveable, following the respiratory current; No. 2 particularly, with its free end glided down over No. 1, and was again thrown upwards by a forcible expiration.

The patient, aside from this local trouble, was apparently in perfect health, and there were no reasonable grounds for supposing a connexion between the local disease and any cachexia, or the pre-existence of any special disturbing cause.

On the first of November, 1863, I undertook the operation, after having forewarned the lady that she must have a large stock of patience, and must expect to undergo a second operation. The operation itself was undertaken after the same preliminaries as I have described in connexion with the first case, viz. the local applications of morphia and chloroform, the fixation of the patient's head by a trustworthy assistant, and of the tongue by the patient's own fingers, Wigtrich's globe apparatus on a petroleum lamp, the operating spectacles above mentioned, and the laryngeal mirror held loosely in the left hand. The efforts to produce anæsthesia were made at very short intervals for the space of two hours, but with very imperfect success; the epiglottis forceps could not be tolerated.

I removed, by means of the polyp forceps, properly adjusted,

the formations Nos. 2 and 3, *i. e.* the one seated at the anterior angle of the glottis, and the one upon the right arytenoid cartilage, leaving of the former only a very small stump; accomplishing it, to be sure, only after frequent attempts. The greater part of the polyp No. 2 was removed by a single fortunate seizure; the wedge-shaped growth was about $1\frac{1}{2}$ centimetres in length, and was first separated from its attachment, as the forceps which had seized it had reached the edge of the epiglottis.

Only a small portion of the polyp No. 3 was drawn out; the rest fell down into the trachea and was lost. The bleeding and the pain were very slight; and there was scarcely any reaction. The polyp seemed to be quite hard. The patient was very much amazed that there was still no improvement in her voice, but I, for my part, could not be much surprised.

The microscopic examination of the portions removed, made by Dr. Schott, showed again newly developed areolar tissue, with large loops of vessels and epithelium.

On the 15th of November, 1863, I applied myself to the removal of the largest polyp No. 1, with the same preparations as before. I now knew that its consistency was quite compact, and was therefore convinced that the operation this time would prove very difficult; for it seemed probable beforehand that I should not be able to seize the polyp with the forceps on account of its remarkable size and rounded form. I determined, however, to make the attempt, and, if my suspicions proved correct, to divide the tumor with a knife, and finally remove it in fragments with the forceps. This soon became necessary. While the tumor, by a continued effort on the part of the patient to utter sound, was held firmly, I succeeded, after one or two attempts, in making, with the aid of the mirror, two cuts, using Leiter's knife, after having inserted a lancet blade. The edges of the cut bled but little, and they did not gape at all.

I then applied the forceps, and removed, piecemeal, the greater part of this polyp. On the larger of the removed pieces, the smooth surface of the cut could be distinctly seen. The bleeding was slight; altogether a couple of teaspoonfuls might have been raised, little by little, mingled with mucus. The operation proved very wearisome for all of us, having lasted, inclusive of the attempts to produce anæsthesia, almost four hours. Still the reaction was limited to a slight pain in the larynx, which lasted about three days. The microscopic examination showed the same results as before.

When I next examined the patient, of the large polyp there was only a remnant of about the breadth of the vocal chord,

with a projecting lobe on the posterior portion. On the anterior angle of the glottis, a small nodule had been reproduced. To the astonishment of both myself and the patient, the voice unfortunately was not in the slightest degree improved. I now began to fear that the stump of the large polyp might have been so attached to the left vocal chord, or grown out of it in such a manner, to the removal of the remnant without injury to the vocal chord would be quite impossible. So I contented myself with blowing into the larynx most assiduously pulverized alum, hoping to produce shrinking of the remnant of the polyp. But it was all in vain; the voice was not restored. In laughing as well as in quick inspiration, a short dull tone could be elicited, but that was all. Occasionally in speaking the sound was somewhat rougher, but the change was only very transient. I now sought to destroy the stump of the polyp by cauterization, and twice applied nitrate of silver in substance; eschars were formed on the spots touched, but the voice did not come back. For me it was a painful moment; the patient must be encouraged to hope on, and I, for one, had nearly given up all hope. In the meantime, on the 31st of December, 1863, and on the 2d of January, 1864, I removed from the anterior angle of the glottis the lobe on the posterior extremity of the stump of the large polyp, and also the small growth which had recently sprouted. Both of these operations were conducted without assistance, and without any preliminary preparation. The lobe was as large as a small pea. I could not say why the voice did not yet return.

Meanwhile it occurred to me that when the patient had been left to herself for a couple of days, the interior of the larynx, especially the right vocal chord, was found somewhat pallid, and also that the sound of the voice was somewhat better. Hence I supposed that the larynx, in consequence of the perpetual blowing of powder, the cauterizations, and the instrumental applications, must have been kept in a continual state of irritation, which of itself would at last affect injuriously the formation of the voice. I determined, therefore, to try non-interference with the larynx for a period of eight days, with the firm resolution at the end of that time, if no improvement had taken place, to resort to a combined operation with the knife and forceps. It was evident that this operation would now be much more difficult, as the stump was very narrow and flat, and hence that the line of my incision must be kept close to that of the ventricular chord, while at the same time I must avoid injuring it; and yet if I should succeed in all this, and still find the polyp firmly attached to the vocal chord, all my labor would be in vain, and

the voice would be lost forever. Although as an operator I had every ground to be satisfied with my experience thus far, yet, in the opinion of my patient and of the public, both I and my art would be objects of reproach if the voice was not restored. The last trump was, therefore, to be carefully played.

I therefore recommended my patient, who coincided with all my suggestions, to visit me again after the lapse of a few days, when we would come to a final conclusion. Now, I might as well confess that I was most agreeably surprised at the next visit, after an interval of several days, to hear my patient address me in a voice somewhat hollow and not metallic, but yet quite good and clear. The lady told me that for a year and a half she had not spoken so well as within the last two or three days, but that she was easily tired, and then her voice again became hoarse. An examination showed me that in consequence of the numerous and repeated applications, a superficial ulcer had been developed on the surface of the stump, for which I hope for a still further diminution of the remnant of the polyp. If the voice should not improve, and the patient should not be satisfied with its present condition, I shall be inclined to operate once more.

Dr. Caswell deserves the thanks of the profession for the neatness of his translation. It is seldom that he has permitted the intrusion of a phrase or even of a word to remind one that this is not an original English work. It is only the well ordered movement of the author's ideas that points to an art beyond that of the majority of our own medical writers.

Lectures on the Diseases of Infancy and Childhood. By CHARLES WEST, M. D., Fellow of the Royal College of Physicians; Physician to the Hospital for Sick Children. Fourth American from the Fifth Revised and Enlarged English Edition. Philadelphia: Henry C. Lea. 1866.

The great reputation of Dr. West in this country and Europe as a teacher, and as an elegant writer—the fact that his work on diseases of children has passed through so many editions in English and German, and that translations have been demanded in Dutch, French, Danish and Prussian, renders superfluous any extended notice of this, the fourth American edition. Every practising physician should make this work a careful study. We would especially commend the lecture on Diphtheria as a concise and yet faithful statement of the known facts regarding this dangerous disease. For sale by W. B. Keen & Co., Lake st.

Sixth and Seventh Annual Report of the Chicago Charitable Eye and Ear Infirmary, 16 East Pearson Street, presented by the Board of Surgeons, for the year ending May 1, 1864, and for the year ending May 1, 1865.

In accordance with the Constitution and By-Laws of the Association, the Surgeons would most respectfully report :

That during the year ending May 1st, 1864, four hundred and forty-four, and during the year ending May 1st, 1865, four hundred and fifty-eight patients have been under treatment,—making an aggregate of two thousand one hundred and twenty-six that have been treated since the opening of the Infirmary in 1858.

The following is a classified list of the diseases which have been treated during the past two years :

DISEASES OF THE EYE.

Wounds and Injuries.....	82	Diseases of the Retina and Optic Nerve.....	29
Conjunctivitis, catarrhal.	57	Diseases of the Choroid and Sclerotic.....	14
“ granular.....	123	Opacity of the Vitreous Humor....	7
“ “ with vascular cornea.....	120	Glaucoma.....	1
Conjunctivitis neonatorum.....	8	Diseases of the Lens — Cataract and Injuries.....	31
“ purulent.....	19	Diseases of the Muscles.....	13
“ pustular.....	64	Abnormal Accommodation.....	5
Diseases of the Cornea.	121	Unclassified.....	23
Foreign bodies on Cornea.....	11	Total.....	813
Diseases of the Lids.....	96		
“ “ Iris.....	25		
“ “ Lachrymal Apparatus.....	16		

DISEASES OF THE EAR.

Impacted Cerumen.....	9	Perforation of Membrani Tympani..	4
Otorrhoea.....	35	Polypus.....	1
Inflammation of External Meatus..	8	Unclassified.....	21
Inflammation of Membrana Tympani	11	Total.....	89

It will thus be seen that a larger number of patients have sought advice and treatment at the Infirmary during the past than any previous year. As a proof of the continued confidence with which its efforts are elsewhere regarded, it may be stated, that the expenses of patients from a distance have, not unfrequently, been borne by benevolent individuals in their respective communities. Physicians, also, in various parts of the Northwest have expressed warm interest in the welfare of this charity, and have frequently testified to the great good it has accomplished.

The benefit which many of these patients have received is incalculable. Parents, unfortunate and helpless, have been re-

stored to sight and the means of supporting their families. A large number of children have been rescued, it is believed, from partial or total blindness—and thus from life-long poverty. Many patients, affected with diseases, trifling in themselves, but which, if neglected, are almost certain to result in permanent injury of vision, have been relieved by short and simple treatment. And it is upon this class of patients, that the surgeons look with peculiar interest, as illustrating the manner in which this charity, if possible, accomplishes most good, by encouraging poor patients, without fear of expense, to *seek medical aid in the very commencement of their diseases, before they have assumed a dangerous form.*

There is scarcely any form of charity, whose claims can be so forcibly urged on the grounds of humanity and economy, as this. It relieves physical suffering and mental distress by the cure of painful diseases, and by removing fears of threatened blindness; it restores many with impaired vision to sight, and to their daily labors, thereby removing one cause of poverty; it prevents ignorance by rescuing poor children from partial or total loss of sight—thus enabling them to acquire the rudiments of knowledge, and to follow in after life honorable and remunerative occupations. How much more in accordance with an enlightened humanity is it to relieve such children, than to neglect them till they become dependent upon the Blind Asylum for their education and limited means of support.

On the ground of economy this charity claims *especial* consideration. So far as it prevents blindness—so far it lessens taxation by reducing the number of the poor dependent upon public or private charity—and so far it adds to the productive labor and wealth of the State. Its principle is Prevention, one of the first laws of Economy. It does not encourage the habit of idleness and begging, as, it is feared, is too often the case with direct pecuniary aid. It restores to health, hope and useful activity. It would be difficult to point to another form of charity by which so much good can be accomplished at so little cost.

The Surgeons are most happy to inform the Association and the public, that W. L. Newberry, Esq., President of the Board of Trustees, has generously donated the lease of a valuable lot of land for the term of ten years. A commodious building has already been placed upon this lot, and furnished for the use of the Infirmary.

The Surgeons take pleasure also in stating that the Infirmary was incorporated in February, 1865, by a special act of the General Assembly of the State of Illinois.

This charity is intended for the poor of the Northwest, as well as of Chicago. For such patients, treatment, medicines and lodging will be provided gratuitously. A charge is necessary at present for board, since the means of the Infirmary are insufficient to furnish this last without charge. Efforts will be made to establish a fund by which the poor may also obtain gratuitous board.

In entering upon this new era of its history, may not the Infirmary receive such aid and encouragement as its extending usefulness and increasing needs require.

TRUSTEES.

WALTER L. NEWBERRY, *President*.
LUTHER HAVEN, *Vice-President*.
S. STONE, *Secretary*.
E. B. McCAGG, *Treasurer*.
W. H. BROWN,
WILLIAM BARRY,

FLAVEL MOSELEY,
WESLEY MUNGER,
E. W. BLATCHFORD,
CYRUS RENTLEY,
T. B. BRYAN,
P. CARPENTER.

SURGEONS.

Attending.
EDWARD L. HOLMES, M. D.,
EDWIN POWELL, M. D.
MR. J. G. RICHARDS, *Superintendent*.

Consulting.
PROF. D. BRAINARD, M. D.,
PROF. J. W. FREER, M. D.
MRS. RICHARDS, *Matron*.

We are requested to announce that the Surgical Clinics of Rush Medical College Dispensary will be conducted by Dr. Edwin Powell after the close of the lectures, and through the coming spring and summer. Cases from the country will be attended to on Saturdays.

DIED.—At his residence in Leslie, Michigan, after a protracted illness of typhoid fever, H. F. EATON, a student of Rush Medical College, in the twenty-fifth year of his age.